BIRTH MO. BEG. DIST. NO. 178 PRIMARY REC. DIST. NO. 5663 Registrar's No. 344 I. PLACE OF DEATH a. COUNTY Lewis b. CITY (It estables corporate limits, write RURAL and give) OR RURAL LYON STATE MISSOURI c. CITY OR RURAL d. FULL NAME OF CIT set in bespital or institution, city street address or location) HOSPITAL OR INSTITUTION At home S. NAME OF A. (First) DECEASED (Type or Print) Lutie B. CALOR OR RACE FEMBLE White Wildwed S. SEX S. SEX S. SEX S. COLOR OR RACE Wildwed DUSTRY HOUSE White Wildwed DUSTRY HOUSE White Bushes Bush And Development of perints IDB. KIND OF BUSINESS OR IN. IS. FATHER'S MAME ROBORT Newton Marks S. WAS DECEASED EVER IN U. S. ARMED FORCES) IS. WAS DECEASED EVER IN U. S. ARMED FORCES II. BIRTHPLACE II. BIRTHPLACE III. BIRTHPLACE III	FILED MAY 2	3 1955	THE DIVISION OF				State 1		1591	12		
b. CUVIT (Lewise compress limits, write BURLA and give a complete control of Rural Lyon (College of the control of Rural Lyon (College of Rural Lyon (College of Rural Lyon (College of Rural Lyon (College of Rural College of Rural Lyon (College of Rural College of Rural (College of Rural College	BIRTH NO		. 17	.3	IMARY REG. DIST.	но. <u>56</u>	63 Regist	rar's No	34	************		
C. CITY CON CONTROL	- COUNTRY -			2	. USUAL RESID	ENCE (Whe	re deceased live b. COUN	d. If ioni	tution: residen	oe before dinhelon).		
TOWN RUTAL Lyon Commission 1.7 de a data data de la Commission de la control de la con	b. CITY (If outside corp						-c, CITY					
HOSPITAL OR ALCOHOM	TOWN Rur	al Ly	on township) STAY (in the	his place)		.1	·	e city o	p incorporated to	156		
3. NAME OF DECEASED (Type or Print) DECEASED (Type or Print) DECEASED (Type or Print) LUL19 PORT MILLON (DAY) S. SEX FEMBLE White White 10. USUAL OCCUPATION (Give Model work of the control of pecific Model of the control of the control of pecific Model of the control of pecific Model of the control of pecific Model of the control of t	d. FULL NAME OF an HOSPITAL OR INSTITUTION A	t home	itution, give street address or lo	estion)	ADDRESS			stown	. Mo.			
(Type or Print) Lut19 Female No. Lut19 Female White White Who with the will complete the deep deep deep deep deep deep deep de	3, NAME OF a		b. (Middle)		c. (Last)	4.		Month)	(Day) ((ear)		
10b. USUAL OCCUPATION (CIPPATION CONTROLL) 10b. KIND OF BUSINESS OR IN. Retired DUSTRY HOUSE WILE wealf review) 12c. FATHER'S MAME 13c. FATHER'S MAME 13c. MOTHER'S MADEN NAME 13c. MOTHER'S M	(Type or Print)					<u> </u>	DEATH N		<u>-</u> ,	5		
Country Coun	_ / "	olor or race 7	MARRIED, NEVER MARR WIDOWED, DIVORCED (B WIQOWED	Pectry)	•	I .	AGE (In years last birthday) 79	Months 1	YEAR IF DROE Days Hours			
Robert Newton Marks Susan Pauline Durrett Theodore Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No. 1 16. SOCIAL SECURITY No. 2 17. INFORMANT'S SIGNATURE OR. NAME ADDRESS 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR. NAME ADDRESS 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR. NAME ADDRESS 17. INFORMANT'S SIGNATURE OR. NAME ADDRESS 18. CAUSE OF DEATH I. DISEASE OR CONDITION No. 2 MEDICAL GERTIFICATION Miller OF STATE 19. CAUSE OF DEATH I. DISEASE OR CONDITION OF STATE OF STATE 10. STATE OF ORDINATION DIRECTLY LEADING TODEATH* (a) OF STATE 10. STATE OF OPERA OF STATE OF STATE 10. OTHER SIGNIFICANT CONDITIONS 10. OTHER S	10a. USUAL OCCUPATION done during most of working HOUSE WITE	life arms if suffeed).	* hi	JSTRY I	(La		r Foreign Coun	ιτ ^{χ)} [1	2. CITIZENO COUNTRY?	F WHAT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. or unknown) (If yes., stree war or dates of service) (NOP) (NOP) (If yes., stree war or dates of service) (NOP) (If yes., stree war or dates of service) (NOP) (If yes., stree war or dates of service) (NOP) (If yes., stree war or dates of service) (NOP) (NOP) (If yes., street war or dates of service) (NOP) (If yes., street war or dates of service) (NOP) (If yes., street war or dates of service) (NOP) (NOP) (If yes., street war or dates of service) (NOP) (If yes., street,		:										
Company Comp												
Enter only one cause per lime for (a), (b), and (c) This does not meen the mode of syring, such as heart failure, exthenia, etc. It means the discuss, future, or complication which caused death. Therefore of conditions, if any, giving DUE TO (b) Tries to the above cruss (a) existing. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discusse or condition causing death. 19a. DATE OF OPERATION 21a. ACCIDENT (Deadly) 21b. PLACE OF INJURY (a.g., in or above the suit of the discusse or condition causing death. 21d. TIME (Moseth) (Day) (Year) (Hour) (21e. INJURY OCCURRED WHILE AT WORK AT W	(Yee_no.orunknown) (II m		remise)	NO.						ESS		
DUE TO (c) DUE TO (c)	Enter only one cause per line for (a), (b), and (c) *This does not mean	I. DISEASE OR CON DIRECTLY LEADING ANTECEDENT CAUS	DITION G TO DEATH*(a)	MC	MULE!	+ Neg	eliri	li,	interval be onset and 2 4	TWEEN DEATH		
tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 10b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldgste.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) SUICIDE HOMICIDE (Moeth) OF INJURY 21c. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22f. How DID INJURY OCCUR? 22	as beart failure, asthenia,	Morbid conditions, is rise to the above cause the underlying cause	· · ·	- •:	Late y of the late	25 g . + . +	327 V.M					
TION 293 X YES NO 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., ste.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22f. How		Conditions contributi	ANT CONDITIONS						,	, .		
HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE INJURY OCCUR? 21f. HOW DID INJURY OCCUR?		19b. MAJOR FINDIN	igs of operation		· · · · · · · · · · · · · · · · · · ·		293			Y? NO [2]		
22. I hereby certify that I attended the deceased from tease 19 ± 2, to teally 19 ± 5, that I last saw the decease alive on 10 ± 3, 19 ± 2 and that death occurred at 3 p · m., from the classes and on the date stated above. 23a. SIGNATURE Degree or title) 24c. NAME OF CEMETERY OR CREMATORY DUTING BURIAL CREMATORY May 21, 1955 Zion Hill Competery. Lowing County, Missouri	21a. ACCIDENT (ASSICIDE HOMICIDE	pacify) 21b	D. PLACE OF INJURY (e.g., in c ne, farm, fastory, street, offlos bid	orabout 2	Ic. (CITY, TOWN, OR	TOWNSHIP)	(COL	JATY)	•	-		
alive on July 3, 1958 and that death occurred at 3 p. m., from the couses and on the date stated above. 23a. SIGNATORE (Degree or title) 23b. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) 24a. BURIAL. CREMATORY 24d. LOCATION (Oity, town, or county) May 21, 1955 Zion Hill Competery Lowis County, Missouri	OF	(Day) (Year) (Ho	WHILEAT NOT WH	ne -	If. HOW DID INJURY	OCCUR?						
23a. SIGNATORE (Degree or title) 23b. ADDRESS (Degree or title) 23c. DATE SIGNE (Degree or title) 24c. NAME OF CEMETERY OR CREMATORY (Degree or title) 24d. LOCATION (Olty, town, or county) (Degree or title) 24d. LOCATION (Olty, town, or county) (State) (Degree or title) 24d. LOCATION (Olty, town, or county) (State) (Degree or title) 24d. LOCATION (Olty, town, or county) (State) (Degree or title) 24d. LOCATION (Olty, town, or county) (State)				ed at	·, · · · · · · · ·-	e couses as	, 19 <u>54,</u> th ad on the do	at I last	saw the de above.	ceased		
Tion Burial May 21,1955 Zion Hill Cometery Lewis County, Missouri	23a. SIGNATURE	emni				rita	y m	40.	/	IGNED		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 16 TO SUMERA DIRECTOR'S SIGNATURE ADDRESS 5-21-55-17. W. Jennings M. W. Carl & Barley Canton M.	24a. BURIAL, CREMA- TION REMOVAL (BOOKS)	May 21,1	.955 Zion H	111 0	emetery .	Lewis			•			
	DATE REC'D BY LOCAL 5-21-55	REGISTRAR'S SIGN	nature 1470	al. 10	SUNERAD DI REC	On sin	lee (Paul	DESS	Mo.		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body w	hose name is recorded on the reverse s	side of thi	is certificate w	as emb
by me, or by	,	Student	Embalmer No.	

working under my personal supervision..

Signature of Student Embalmer Licensed Embalmer No. 26.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.